. S. No. 2
0M—8-43
v. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24818

FILED AUG 12 1944

Registration District No. 12 1944 5 Primary Registration District No. 3566 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural; Iron North Fork
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 miles S. of Caledonia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles South of Caledonia 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Maude May Tiefenauer

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex 1 5. Color or race white 6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Joseph Tiefenauer

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October (Month) 14 (Day) 1888 (Year)

8. AGE: Years 55 Months 8 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Joseph Lee
13. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Nancy Perry
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Joseph Tiefenauer
(b) Address Caledonia Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Caledonia Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address A. White Ironton Mo.

19. (a) July 12/44 (Date received local registrar) (b) Mrs J C Rucker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 31, 1943, to June 27, 1944; that I last saw her alive on June 27, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Pancreas	18 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

469

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Ben M. Bull (M. D. or other) M. D.
Address Ironton, Mo Date signed 6-30-44

1698

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 844-4212

Date Filed 8-11-44

APR 24 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Ironton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.